



Race Series Scholarship Application Form

Nevada Interscholastic Cycling League
 1026 War Bonnet Way
 Incline Village, NV 89451
 (775) 690-9420
<http://www.nevadamt.org/>

We are committed to making our events accessible to everyone to the best of our ability, regardless of their financial situation. Please complete the following information. We will review your application and get back to you as soon as possible about the level of scholarship we are able to offer to you.

Applicant Name (student-athlete):		
Parent/Guardian Name (if applicable):	Age:	School, Club or Team:
Address:		
City:	State:	Zip:
Phone:	Alternative Phone:	
Parent or Applicant E-mail:		
Application is for: Single Race: _____ <i>(insert race name or date here)</i> Race Series: _____		

In the space below, please describe your current financial situation, indicating why you are in need of financial support for your daughter/son to participate in a Nevada Interscholastic Cycling League event. Please use the back of this sheet if more space is needed. *If awarded a scholarship, you or your student-athlete should be prepared to write a letter explaining how the scholarship was beneficial. Identity will be kept confidential at your request.*

Sliding Scale
 Due to the limited nature of our scholarship funds, we rarely give full scholarships but ask that individuals or families pay what they can on a sliding scale. Please indicate below what you are able to pay per race or event.

I am able to pay \$ _____ per activity noted above.

Please email completed form to doug@nevadamt.org or mail completed form to address listed above